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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (95-44)//  
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RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS MEMBERS, CIVILIAN EMPLOYEES, FAMILY MEMBERS AND RETIRED BENEFICIARIES OF NAVY MEDICINE. MAXIMUM AND TIMELY REDISTRIBUTION OR FURTHER REPRODUCTION AND USE BY ACTION ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:  
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HEADLINE: NNMC Bethesda Gets High Marks on JCAHO Survey  
NNMC Bethesda, MD (NSMN) -- The National Naval Medical Center received a high score of 93 out of a possible 100 during its recent Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) survey. The score was the second consecutive high score for the Bethesda medical center, and puts it in the top third of hospitals surveyed by the JCAHO this year. The hospital received JCAHO's highest score (substantial compliance) in 80 percent of its functional areas. The most significant areas of substantial compliance were:

- Planning and providing patient care;
- Rehabilitation care and service;
- Patient rights and organizational ethics;
- Operating and invasive procedures;
- Nursing; and
- Surveillance, prevention and control of infection.

The National Naval Medical Center's geographical area of responsibility rivals that of some of the nation's largest civilian health care systems. The center provides health care for more than half a million service members, retirees and their families from West Virginia to Maine. Medical teams from NNMC

deploy worldwide aboard the hospital ship USNS COMFORT (T-AH 20) and other forward deployed units of the U.S. Navy. During the recent Cuban and Haitian humanitarian operations, the medical center deployed 559 medical and support personnel.

NNMC's JCAHO score is indicative of a medical facility that is among the world's leaders in health care.

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HEADLINE: NAVHOSP Pensacola Receives Unit Award From SECNAV

NAVHOSP Pensacola, FL (NSMN) -- The 2,000 military and civilian personnel of Naval Hospital Pensacola -- and its Branch Medical Clinics -- have been awarded the Meritorious Unit Commendation (MUC) for providing "meritorious service in accomplishing its mission," according to Secretary of the Navy John H. Dalton.

During the period from 12 August 1993 to 1 June 1995, the personnel of Naval Hospital Pensacola provided health care for more than 100,000 beneficiaries and maintained a high level of readiness and fleet support, said Dalton.

The staff also provided more than 4,000 deployed days (over FY93 and FY94) in support of operational forces, including an "Operation Sea Signal" deployment to Guantanamo Bay, Cuba, in support of refugee processing, he said. In FY95 alone, the command's deployed days increased by 300 percent, over either of the two previous fiscal years, to nearly 7,600 deployed days.

"As a result of insightful leadership, visionary strategic planning, training, and prudent management, Naval Hospital Pensacola consistently provided superb medical care to the beneficiaries entrusted to their care as shown by the outstanding results attained with accreditation (with commendation) from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), scoring in the 99th percentile," the Secretary said.

Naval Hospital Pensacola and its seven active Branch Medical Clinics are located on board Naval Air Stations Pensacola and Whiting Field, FL, and Meridian, MS; Naval Technical Training Center Corry Station, in Pensacola; Naval Coastal Systems Center, Panama City, FL; and Naval Station Pascagoula and Naval Construction Battalion Center in Gulfport, MS. The hospital's personnel who were assigned to the now-closed Naval Station Mobile, AL, Branch Medical Clinic are also eligible to wear the MUC.

"We are very pleased with Secretary Dalton awarding this command with the Meritorious Unit Commendation," said the hospital's commanding officer, CAPT Ralph A. Lockhart, MSC. "These are incredible accomplishments, and a tribute to the hard work and dedication of our entire staff," he said. Lockhart also said that the three-year reaccreditation of the naval hospital and its clinics was "tangible proof of an organizational-wide commitment to provide quality care on an ongoing basis.

"We are extremely pleased to have achieved these designations," Lockhart continued. "Everyone in this command goes the extra mile on a day-to-day basis to provide the best possible health care to our patients ... But we're not going to rest on our laurels. This is just an incentive to continue to

improve our services."

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HEADLINE: Navy Medical Officers Recognized with AMSUS Awards  
AMSUS Anaheim, CA (NSMN) -- In an awards ceremony held 1 November during the annual convention of the Association of Military Surgeons of the United States, several Navy Medical Department officers were recognized for their excellence and accomplishments.

-- LCDR Mitchell A. Cooper, MSC, USN, Naval Medical Center Portsmouth, VA, received the Walter P. McHugh Award for "outstanding contributions to the Federal Medical Logistics mission and support to all customers."

-- CAPT Lucy Newmark Sammons, NC, USNR, of San Ramon, CA, received the Mary J. Nielubowicz Award for her paper, "Establishing Reserve Peacetime Support Services: An Ambulatory Women's Health Care Model."

-- CAPT Thomas R. Defibaugh, MSC, USN, the Bureau of Medicine and Surgery's Deputy Assistant Chief for Logistics, received the Paul F. Truran, Jr., Medical Materiel and Logistics Management Award for "superb contributions to the profession of medical materiel logistics and visionary leadership, forwarding guidance, and steadfast counsel to your many customers."

-- Former Navy Surgeon General VADM James A. Zimble, MC, USN (Ret.), currently the president of the Uniformed Services University of the Health Sciences in Bethesda, MD, received the Richard A. Kern Lecture award for his lecture, "Military Medicine, an Operational Definition."

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HEADLINE: Science to the Fleet: NAMRL Mobile Field Laboratories  
NAMRL Pensacola, FL (NSMN) -- The Naval Aerospace Medical Research Laboratory (NAMRL), located in Pensacola, has taken a unique, cost-effective approach to collecting important data from fleet sources. The laboratory has designed and built three Mobile Field Laboratories, each specialized and totally self-sufficient to help both naval aviation and other DoD assets solve problems in the areas of vestibular science, vision, and strength testing. This is the second in a series of three articles about these innovative laboratories, or MFLs. The first, published in Naval Service Medical News (NSMN) 95-43, discussed NAMRL's Vestibular MFL.

NAMRL's second MFL is designed for assessment of visual performance. The Vision MFL was developed to provide "just-in-time" unaided and aided night vision training in an effort to conserve training travel funds and bring training directly to the users, as well as collect valuable vision data from the field. Developed as a prototype mobile Night Imaging and Threat Evaluation (NITE) Laboratory, the Naval Surface Warfare Center in Crane, IN, has taken the MFL on the road and proven the concept of mobile night vision training.

The main thrusts of the mobile NITE Laboratory concept include training support for the aviation and surface warfare communities, training support for units attached to the Fleet

Marine Force or U.S. Army during field exercises, mobile support of the landing craft air cushion (LCAC) community, and flexible training assets for units involved in any form of contingency planning. The mobile NITE Laboratory can be parked dockside and used to provide initial or refresher night vision training for embarking ground forces or any other rapid deployment that is necessitated by national emergencies.

The Vision MFL includes an infrared terrain model equipped with necessary illumination systems to demonstrate the illusions produced by electro-optical (EO) devices and a 50-foot eyeline to teach personnel how to properly adjust night vision devices. In addition, there are data-collection devices to validate training and collect information from night vision device users in the field, and a classroom to present approved night vision training curricula as well as the unique unaided and aided night vision training programs developed at NAMRL.

To test the ability of the mobile NITE lab to be quickly and efficiently deployed, it was sent on one- and two-day trips to local area commands, including the Air Force's Hurlburt Field and Naval Air Station Whiting Field, FL. During those brief deployments, visiting personnel from all services received unaided night vision training.

During the last few months, the mobile NITE Laboratory was used by the U.S. Army Dismounted Battle Lab in Fort Benning, GA, to explore the concept of mobile night vision training for Army ground forces. As a result of this visit, the U.S. Army will incorporate the unaided night vision training program into their night battle lab curriculum.

Following deployment to Fort Benning, the mobile NITE Laboratory was transported to Marine Corps Air Station, Beaufort, SC. Previously, night attack F/A-18 Hornet aircrews were forced to travel to Cherry Point, NC, for their required night vision training due to a lack of facilities at MCAS Beaufort. The mobile NITE Laboratory allowed aviation medical safety officers, in conjunction with squadron safety officers, to conduct both unaided and aided night vision training to aircrews, saving the squadrons thousands of travel and per diem dollars. This deployment represented the first time that the mobile NITE lab was used for continuous training in the field and helped to prove that night vision training can be conducted in an efficient and effective manner outside the stationary classroom.

In addition to providing night vision training, local aerospace physiologists were trained by NAMRL personnel to collect data from training participants while reviewing the demonstrations in the Vision MFL. Information gleaned from this data collection will ultimately aid NAMRL scientists in developing tests to better predict aircrew performance under nighttime condition, both with and without the aid of night vision devices.

After leaving MCAS Beaufort, the mobile NITE lab was transported to Naval Station Norfolk, VA. There, with the assistance of the Naval Surface Warfare Center, Crane Division, Night Vision/Electro-Optics department, the laboratory was used to train surface lookouts, SeaBees, landing signalmen, special

warfare and a myriad of other specialized personnel all required to use either their unaided night vision or night vision enhancing devices during the course of their duties. This deployment saved the Navy thousands of dollars in potential travel costs and time away from work that would have been missed if personnel were forced to go on temporary additional duty (TAD) orders elsewhere for this important training.

The next stop for the mobile NITE lab was the FBI training facility in Quantico, VA, where the lab was used to train FBI agents and local military personnel in what they are required to know about unaided night vision and how to use some of the complex night vision equipment currently available to them.

The mobile NITE lab is now deployed at Naval Station Mayport, FL, where it is being used to train surface warfare personnel about the idiosyncrasies of unaided and aided night vision. Total savings to date are over \$1 million in TAD costs. Story by CDR Michael Mittelman, MSC, Naval Aerospace Medical Research Laboratory

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#### HEADLINE: Special Liberty Policy Redefined

BUPERS Washington (NSMN) -- The Bureau of Naval Personnel has redefined special liberty in terms of days instead of hours, to align the Navy with the new Department of Defense policy.

Effective 2 November, three-day and four-day special liberty may begin after completion of military duties on the day before the first full liberty day begins. The change allows personnel more liberty because it's based on days instead of the traditional 72 or 96 hours.

For three-day special liberty, the period may begin at the end of normal working hours on a given day and expires with the start of normal working hours on the fourth day; for example, from Monday evening until Friday morning.

When three-day liberty occurs during regular non-duty time, such as a Saturday and Sunday with a national holiday on Friday or Monday, the time off is treated as regular, not special liberty.

For four-day special liberty, the period also begins at the end of normal working hours on a given day and expires at the start of normal working hours on the fifth day and must include at least two consecutive non-work days; for example, from Wednesday evening until Monday morning. The new definition will be particularly useful over the Thanksgiving holiday.

This change will be reflected in Naval Military Personnel Manual Change 12, Articles 3030100 and 3030150. More information is available in NAVADMIN 260/95. Following are answers to Sailors' most frequently asked questions since the new policy was announced.

Q: How does the new definition of special liberty affect regular liberty?

A: The new definition of regular liberty hasn't changed. Regular liberty is normal time off from duty. The significance of regular liberty is that it does not require any special request by the member or special authorization by the commanding

officer, because it doesn't involve any scheduled duty days.

Unlike special liberty, which cannot be combined with leave according to DoD Directive 1327.5, regular liberty can be combined with leave, provided the member is within the immediate geographic area (as defined by the local command) while checking out on leave or checking in off leave.

Q: What's the difference between the old and new definitions of special liberty?

A: The basic difference is that time off is counted in days, not hours, resulting in easier accounting and a little more time off. What's stayed the same is that special liberty is special -- it is not automatic. That means that Sailors can request it but that it must be approved by the command.

Q: Can regular weekend liberty be combined with a three-day special liberty, to give a Sailor five consecutive days off?

A: No. Regular liberty (or weekend liberty in the above example) cannot be combined with special liberty in order to exceed special liberty limits of four days.

Q: Does a three-day special liberty have to include any scheduled non-duty days?

A: No. Although a three-day special liberty period may include a scheduled duty day with two non-duty days, this is not a requirement. For example, a commanding officer may authorize a three-day special liberty starting after work on Monday and ending before work on Friday.

Q: Does a four-day special liberty have to include any scheduled non-duty days?

A: Yes. A four-day special liberty must include at least two consecutive scheduled non-duty days (such as a weekend without duty).

Supervisors are reminded that Sailors can still be granted one-day and two-day special liberty periods.

"Time off is important to all of us," said VADM Skip Bowman, Chief of Naval Personnel. "This change will really help our people, providing a much more reasonable period for family and personal needs. Given the current operational tempo of many fleet units and the increase in commands supporting five or more inport duty sections, these infrequent but recurring opportunities for extended weekend/holiday breaks are increasingly important."

Story by LT Kelly Watson, Bureau of Naval Personnel

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#### HEADLINE: Changes of Command at Drug Testing Laboratories

NDSLs Jacksonville, FL and San Diego (NSMN) -- Two of the Navy's drug testing labs recently had changes of command.

The Navy Drug Screening Laboratory in Jacksonville had its change of command on 25 October 1995. LCDR Lisa K. McWhorter, MSC, assumed command from CDR Marilyn R. Past, MSC, who is now assigned as the Drug Program Manager at the Navy Environmental Health Center in Norfolk, VA.

The Navy Drug Screening Laboratory in San Diego had its change of command on 27 October, with LCDR E. C. Vias, MSC, assuming command from CAPT John Christopher, MSC, who retired

after 20 years of naval service.

The laboratories, which process in excess of 1.5 million samples annually, are a vital link in the Navy's substance abuse control program with the goal of deterrence at all levels for the safety and well-being of each service member.

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HEADLINE: HEALTHWATCH: Your Smoking's A Hazard to Your Children

USNH Yokosuka, Japan (NSMN) -- When many people think of tobacco-related health problems, they think only of adults. Yet, research shows this is not always the case. Children who live in households where one or both parents smoke are constantly exposed to side-stream and second-hand cigarette smoke.

Side-stream smoke refers to the smoke produced by a burning cigarette between inhalations; second-hand smoke is the smoke exhaled by the smoker. Both forms of smoke produce dangerous chemicals such as carbon monoxide, ammonia, nicotine and hydrogen cyanide. In addition, cigarette smoke also contains substances called carcinogens, which are responsible for causing certain types of cancer.

Infants whose mothers smoke can be affected by cigarettes even before they are born. Some of the harmful gases and poisonous substances in smoke actually pass from the mother's blood through the placenta and into the baby's blood.

One of these gases is carbon monoxide, which forces oxygen out of the red blood cells of both the mother and the unborn infant. Another powerful poison, nicotine, adds to the damage by narrowing blood vessels, including those in the placenta itself. This means not as much oxygen and food is delivered to the developing baby.

Mothers who smoke during their pregnancy are more likely to have babies who will be born undersized. These babies have a greater chance of dying soon after birth. Studies show that women who smoke during pregnancy also have more still births, spontaneous abortions and premature deliveries than women who don't smoke.

Repeated studies have shown that children exposed to cigarette smoke in early infancy and childhood are much more prone to developing ear infections as well as certain respiratory infections such as bronchitis and pneumonia.

Although maternal smoking is most significant, paternal smoking is also very significant in the first two years of life. Wheezing and coughing are found more frequently in children of smoking parents, especially in the first year of life, and the frequency of these symptoms increases with the number of parents who smoke. Studies have also shown that small but definite deficits occur in lung function and lung growth in children of smoking parents, and that the amount of damage is proportional to the duration of exposure.

Perhaps the most harmful long-term effects of parental cigarette smoking is the now-proven association between passive cigarette smoke exposure and the development of lung cancer. Even though a child may never smoke a single cigarette, he or she has an increased risk over the non-smoking population of

developing lung cancer as an adult. Similar risks are also present for the development of heart disease.

Parents have enormous influence over their growing children's behavior. Parental smoking -- by both fathers and mothers -- is a major factor motivating youngsters to smoke. Few, if any, parents want their children to take up a habit that can cripple their lungs and cut short their lives.

How can you help your children grow up as healthy as possible without suffering from the harmful effects of passive cigarette smoke exposure? If you must smoke, please do not smoke inside your home. Merely smoking in a separate room from your child does not prevent his or her exposure to the harmful chemicals found in cigarette smoke. Also, do not smoke in your automobile for the same reasons.

Obviously, the best solution is for you to quit smoking altogether. Smoking cessation classes are offered through your local military medical treatment facility and all are encouraged to attend.

Remember, your decision to smoke plays an important role in your child's present and future health and could be responsible for an avoidable and potentially fatal disease.

Story by LCDR Kevin Haws, NC, Pediatric Nurse Practitioner, U.S. Naval Hospital Yokosuka

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3. Professional Notes: Information on upcoming symposiums, conferences or courses of interest to Navy Medical Department personnel and wrap-ups on ones attended. Anyone with information to share in this section should contact the editor (see the last paragraph of this message on ways to do so).

Scheduled meetings:

-- 2-3 December, Stabilization and Management of the Critically Ill Child, San Francisco. For information, call (415) 476-5808.

-- 11-15 December, Annual Navy and Marine Corps Logistics Conference, Gaithersburg Hilton. Contact LTjg Randy Owens, MSC, at (301) 619-3009, or CDR Fred White, MSC, at (301) 619-2157, for more information.

-- 24-26 January 1996, West '96 -- "Technology and Tactics: Meeting the Fuzzy Threat," the 17th Annual Western Conference and Exposition, San Diego, sponsored by the Armed Forces Communications and Electronics Association and the U.S. Naval Institute. For information, call 1 800 336-4583, ext. 6128,, or (703) 631-6128.

-- 14-16 February 1996, Recent Advances in Neurology, Sheraton Palace Hotel, San Francisco, sponsored by the University of California. For information, call (415) 476-5808.

-- 17 April 1996, Third Annual Hospice Foundation of America Teleconference -- "Living with Grief: After Sudden Loss." For more information, call John Dewey, (202) 638-5419

-- 23-25 May 1996, 12th Annual Current Issues in Anatomic Pathology, San Francisco, sponsored by the University of California. For information, contact (415) 476-4251.

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HEADLINE: Medical Technology a Hit at Exercise Kernel Blitz  
NMIMC Bethesda, MD (NSMN) -- The medical component of Exercise Kernel Blitz was a resounding success. The Bureau of Medicine and Surgery, the Naval Medical Information Management Center and various operational units were able to demonstrate several exciting telemedicine systems and concepts. Examples of these technical capabilities included:

-- Videoteleconferencing was successfully conducted on board USNS MERCY (T-AH 19), Fleet Hospital Operations Training Command (FHOTC) and Naval Medical Center San Diego. This technology allowed medical staff from different operational platforms to work together on numerous medical functions.

Teleradiology was demonstrated among FHOTC, MERCY, NMC San Diego and Bravo Company, 1st Medical Battalion, 1st Force Service Support Group, 1st Marine Expeditionary Force. Image transmission was successfully tested at a rate of 19.2 Kbps using an analog telephone satellite system (INMARSAT).

The Composite Health Care System (CHCS) was demonstrated at FHOTC, MERCY, USS PELELIU (LHA 5) and, in a limited capacity at Bravo Surgical Company. The primary objective was to demonstrate two prototype capabilities for the transport of patient data between both fixed and mobile CHCS databases in a battlefield scenario. The two capabilities demonstrated were the Transportable Patient Summary Record (TPSR) and the Multi-technology Automated Reader Card (MARC) interface. The results of the demonstration, which was a resounding success, included:

-- CHCS mini-registration on all four platforms.  
Information from 37 MARC simulated casualties passed through the CHCS/MARC interface to be registered in CHCS.

-- Successful transfer of 37 TPSR files from MERCY to FHOTC by INMARSAT.

-- Successful transfer of 19 TPSR files onto 3.5-inch diskettes for transfer from PELELIU to MERCY.

-- Transmission of MARC and TPSR data using the AN/PRC-77 radio and the AN/PRC-119 radio using the Tactical Computer Interface Module (TCIM) to interface the databases with the radio equipment.

-- Demonstrated wireless video at FHOTC using SE-1415 computer device and video camera.

-- Transmitted/received data by INMARSAT aboard MERCY, FHOTC and Bravo Surgical Company.

-- Used a stand-alone PC-CHCS system at the Surgical Company to demonstrate patient tracking capabilities and to MARC/CHCS mini-register 14 simulated casualties as they arrived.

On completion of the exercise, a debrief was held aboard MERCY. Exercise successes and problems were collected and submitted as Lessons Learned. Many of these valuable lessons were identified to assist with future exercises and operations. It was clearly evident during the debrief that the telemedicine technologies demonstrated during Kernel Blitz have great potential and are helping Navy medicine move toward "True North." Story by LT Robert Welch, MSC, Naval Medical Information Management Center

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